

AUG 31 2007

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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/151,409
Filing Date	12-29-2000
First Named Inventor	DURBIN
Art Unit	2023
Examiner Name	BROWN
Attorney Docket Number	BS00023

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:38516

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Scott P. Zimmerman PLLC		
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Scott P. Zimmerman		
Date		Telephone	(919) 489-2629

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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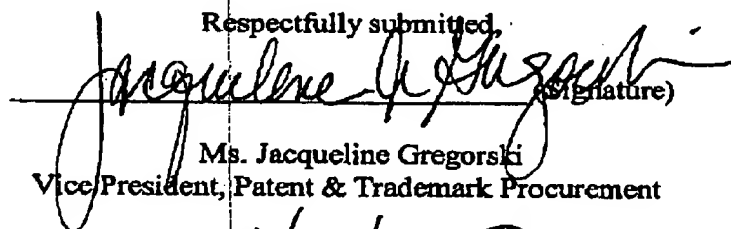
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Respectfully submitted,

  
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